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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Devon Matthew Johnson et al
Title A System and Method for Determining Lip Synchronization Between Audio and Video	
Art Unit	
Examiner Name In A Digitized Environment Using**	
Attorney Docket Number	PU020450

I hereby revoke all previous powers of attorney given in the above-identified application.

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24498

**Buffer Calculation

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<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing Inc.			
Address	Patent Operations, P.O. Box 5312			
City	Princeton	State	NJ	Zip 08543-5312
Country	USA			
Telephone	609-734-6818	Fax	609-734-6888	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	6-25-05
Name	Ronald H. Kurdyla, Reg. No. 26,932	Telephone	609-734-6818
Title and Company	Sr. Patent Counsel, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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F-92100 Boulogne-Billancourt
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Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

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DATED this 15 day of March, in the year 2004.

B. de Mure

SIGNED

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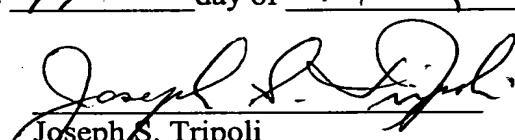
Joseph J. Laks - Vice President
Irwin M. Krittman - Vice President
Harvey D. Fried - Manager
Ronald H. Kurdyla - Manager
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DATED this 17th day of March, 2004.

SIGNED



Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS



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France

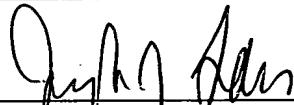
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Jeffrey M. Navon
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Princeton, New Jersey 08540

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DATED this 17 day of March, 2004.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS


Davida Fornacotto

EXPRESS EV 205371448 US

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

OR

Attorney Docket Number

PU020450

First Named Inventor

D.M. Johnson et al

COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD FOR DETERMINING LIP SYNCHRONIZATION
BETWEEN AUDIO AND VIDEO IN A DIGITIZED ENVIRONMENT USING BUFFER
CALCULATION**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

10/31/03

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/424,451	November 7, 2003	<input type="checkbox"/>

[Page 1 of 2]

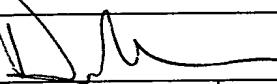
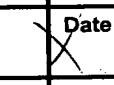
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DECLARATION — Utility or Design Patent Application

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Name	JOSEPH S. TRIPOLI			
Address	THOMSON LICENSING INC.			
Address	PO Box 5312			
City PRINCETON	State NJ	ZIP 08543-5312		
Country USA	Telephone 317-587-4019	Fax (609) 734 - 6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name <i>DEVON MATTHEW</i>	Family Name JOHNSON or Surname			
Inventor's Signature 	Date X 12/15/2003			
Residence: City Fishers	State Indiana	Country US	Citizenship US	
Mailing Address				
Mailing Address 13245 LaCanada Boulevard				
City Fishers	State Indiana	ZIP 46038	Country US	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name PHILLIP AARON	Family Name JUNKERSFELD or Surname			
Inventor's Signature 	Date X			
Residence: City Carmel	State Indiana	Country US	Citizenship US	
Mailing Address				
Mailing Address 13232 Cameo Court				
City Carmel	State Indiana	ZIP 46033	Country US	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

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Address	THOMSON LICENSING INC.				
Address	PO Box 5312				
City PRINCETON			State NJ	ZIP 08543-5312	
Country USA	Telephone 317-587-4019		Fax (609) 734 - 6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name DEVON MATTHEW		Family Name JOHNSON or Surname			
Inventor's Signature		Date			
Residence: City Fishers		State Indiana	Country US	Citizenship US	
Mailing Address					
Mailing Address 13245 LaCanada Boulevard					
City Fishers	State Indiana	ZIP 46038	Country US		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name PHILLIP AARON		Family Name JUNKERSFELD or Surname			
Inventor's Signature <i>Philip Aaron Junkersfeld</i>	Date 1/27/2004				
Residence: City Carmel		State Indiana	Country US	Citizenship US	
Mailing Address					
Mailing Address 13232 Cameo Court					
City Carmel	State Indiana	ZIP 46033	Country US		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					